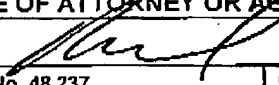



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0001/PTO Rev. 10/95 TRANSMITTAL FORM (to be used for all correspondence during pendency of filed application)	U.S. Department of Commerce Patent and Trademark Office	Application Number	N/A	
		Filing Date	N/A	
		First Named Inventor	N/A	
		Examiner		
		Group Art Unit		
Total Number of Pages in This Submission		12	Attorney Docket Number	22271-01000

ENCLOSURES (check all that apply)	
<input type="checkbox"/> Fee Transmittal Form (in duplicate)	<input checked="" type="checkbox"/> Request to Withdraw as Attorney or Agent in Patent/Application Nos. 6,968,557 10/782,529 09/767,365 09/747,663 09/723,753 09/849,007 09/687,997 10/877,362 10/882,997 10/782,739 10/782,725
<input type="checkbox"/> Check Enclosed	
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<input type="checkbox"/> Assignment & Recordation Cover Sheet	
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<input type="checkbox"/> Status Request	
<input type="checkbox"/> Revocation and Substitute Power of Attorney	
REMARKS:	

SIGNATURE OF ATTORNEY OR AGENT			
Signature:			
Attorney/Reg. No.:	Rimma Budnitskaya, Reg. No. 48,237	Dated:	December 19, 2005

CERTIFICATE OF FACSIMILE TRANSMISSION			
I hereby certify that this correspondence, including the enclosures identified above, is being transmitted on the date shown below via facsimile to: Commissioner for Patents at the facsimile number indicated below.			
Signature:			
Typed or Printed Name:	Rimma Budnitskaya	Dated:	December 19, 2005
Facsimile Number:	(571) 273-8300		

2 of 13

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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/782,739
	Filing Date	February 18, 2004
	First Named Inventor	Abhishek Chauhan
	Group Art Unit	2142
	Examiner Name	Not yet known
	Attorney Docket Number	22271-08770

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

I hereby apply to withdraw as attorney or agent for the above identified patent application. The client has been duly notified of this request for withdrawal and provided with all papers and property to which the client is entitled.

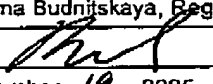
The reasons for this request are:

The client knowingly and freely assents to termination of the employment.

1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☒ Change the correspondence address and direct all future correspondence to:

Firm or Individual Name	Choate, Hall & Stewart, LLP				
Address	Two International Place				
Address					
City	Boston	State	MA	Zip	02110
Country	United States				
Telephone	(617)-248-5000	Fax	(617)-248-4000		

- ☒ This request is made on behalf of myself and
☒ all the attorneys/agents of record,
☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
☐ the attorneys/agents associated with Customer Number _____
on whose behalf I have signed this request and on whose behalf I am authorized to sign.

Name	Rimma Budnitskaya, Reg. No. 48,237
Signature	
Date	December 19, 2005

NOTE: Withdrawal is effective when approved rather than when received.
Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

22271/01000/SF/5157488.1